

ALASKA EMSC TRAINING PLAN

National Emergency Medical Services for Children (EMSC) Mission Statement

The Emergency Medical Services for Children program is designed to reduce the child and youth mortality and morbidity sustained due to severe illness or trauma. It aims to ensure state of the art emergency medical care for the ill or injured child and adolescent: to ensure that pediatric services are well integrated into an emergency medical services (EMS) system backed by optimal resources; and to ensure that the entire spectrum of emergency services, including primary prevention of illness and injury, acute care, and rehabilitation, is provided to children and adolescents as well as adults.¹

Alaska EMSC Mission

The state of Alaska is committed to providing developmentally appropriate, scientifically based emergency medical services for its children. The AK EMSC program is designed to care for urban, rural, and frontier populations in a culturally sensitive manner. The foundation of AK EMSC is competent and confident providers throughout the continuum of care. They, via realistic, innovative and practical methods ensure consistent levels of expertise. EMSC in Alaska is designed as an evolutionary process addressing challenges identified by outcome data.

Background

The National Association of Emergency Medical Technicians Consensus Committee on Pre-hospital Pediatric Training was held November 19 – 20, 1997. Physicians and EMSC experts from throughout the country attended this meeting. The committee focused on four key issues:

1. Educational paradigms for training pre-hospital providers in pediatrics;
2. Encouraging pediatric research in the pre-hospital environment;
3. The role of EMS in injury prevention efforts; and
4. Special health care concerns of technology-assisted children.

They also identified the following as desired characteristics of pediatric pre-hospital care education:

- ◆ Assessment-focused and assessment-based;
- ◆ Well-defined objectives (what participants are expected to come away knowing);

¹ U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. (1995). Five Year Plan: Emergency Medical Services for Children, 1995 – 2000, Washington, D.C.: , Emergency Medical Services for Children National Resource Center.

- ◆ Well-defined lesson plan (how to do it);
- ◆ Consistent materials between components of the curriculum;
- ◆ Valid and reliable evaluation tool;
- ◆ Specific to provider level;
- ◆ High practical component;
- ◆ Acknowledges and builds on adult-pediatric differences;
- ◆ Learner-driven; and
- ◆ Incorporates continuing education needs.

The Role of EMS in Injury Prevention

In regards to the role of EMS in injury prevention, Herb Garrison, MD, of the East Carolina Injury Prevention Program in Greenville, NC, noted that there is a logical place for EMS providers in injury prevention because they are usually the first line of response when injury does occur, because they are ubiquitous (i.e. there are some 600,000 EMS providers around the country), because they have a high degree of credibility, because they mirror the community, and because of changes in health care.

Special Health Care Concerns of Technology Assisted Children

It is noted that with dramatic advances in technology and changes in insurance reimbursement practices, more and more children with special needs are at home. This would include children living at home on ventilators or who have tracheotomy or gastrostomy tubes. In addition to these children, there are many children with a variety of chronic diseases such as cerebral palsy.

It is imperative that EMS providers receive specific training to support provision of care for children who use assistive technology and devices. Communication is a special challenge, because too often EMS providers assume that the inability to speak equals cognitive impairment.

The pre-hospital care of children with special needs should be family- and child-centered. Parents want respect, choices, empowerment and understanding and they want to be a part of their child's care.

The committee agreed that education in the care of children with special needs should be addressed.²

Purpose

Pediatric emergency medical care training has been identified as a need for health care providers at every level. This EMSC training plan is intended to serve as a guide for recommended pediatric emergency medical care training for providers from Emergency

² National Association of Emergency Medical Technicians Consensus Committee on Pre-hospital Pediatric Training, Summary Report, 3/18/98

Trauma Technician level to physician. This plan will identify recommended initial pediatric training and recurrent training. In addition, we have identified areas of the state to target different pediatric courses based on survey results and provider levels.

Overview

The state of Alaska has fewer than 100 pediatricians. None of these pediatricians are emergency pediatric specialist. Most children in Alaska are getting their care from family practice physicians and mid-level providers. Therefore, we need to ensure that all health care providers, who have contact with children, are prepared and trained to take care of our children. In the next few years, with funding from the federal Emergency Medical Services for Children (EMSC) program, Maternal and Child Health Bureau, Health Resources and Services Administration, we plan to train these providers in emergency care of children. We will also lay the ground work for sustaining the programs by training many of these providers as instructors.

The following table outlines initial training, recurrent training and suggested optional training for each provider level.

KEY:

PEPP – Pediatric Education for Prehospital Professionals
PALS – Pediatric Advanced Life Support
ENPC – Emergency Nurse Pediatric Course
APLS – Advanced Pediatric Life Support
PBTLS – Pediatric Basic Trauma Life Support
NRP – Neonatal Resuscitation Program

Pediatric Emergency Medical Training

Provider Level	Suggested Initial Training	Suggested Recurrent Training	Optional	Notes
ETT	PEPP	PEPP every 2 years.	<ul style="list-style-type: none"> - Special Needs training - Gatekeeper training - Grief and loss with an emphasis on children - Injury Prevention - PBTLS 	
CHA	PEPP	PEPP every 2 years.	<ul style="list-style-type: none"> - Special Needs training - Gatekeeper training - Grief and loss with an emphasis on children - Injury Prevention - PBTLS 	
EMT-I	PEPP	PEPP every 2 years.	<ul style="list-style-type: none"> - Special Needs training - Gatekeeper training - Grief and loss with an emphasis on children - Injury Prevention - PBTLS 	
EMT-II	PEPP	PEPP every 2 years.	<ul style="list-style-type: none"> - Special Needs training - Gatekeeper training - Grief and loss with an emphasis on children - Injury Prevention - PBTLS - PALS and/or ENPC 	
EMT-III	PEPP	PEPP every 2 years.	<ul style="list-style-type: none"> - Special Needs training - Gatekeeper training - Grief and loss with an emphasis on children - Injury Prevention - PBTLS - PALS(APLS) and/or ENPC 	

MICP	PEPP PALS	PEPP every 2 years PALS	<ul style="list-style-type: none"> - Special Needs training - Gatekeeper training - Grief and loss with an emphasis on children - Injury Prevention - PBTLS - ENPC - NRP 	
RN	ENPC PALS (APLS)	ENPC – 4 years PALS – 2 years	<ul style="list-style-type: none"> - Grief and loss with an emphasis on children - Injury Prevention - NRP - ALSO 	
NP	ENPC PALS (APLS)	ENPC – 4 years PALS – 2 years	<ul style="list-style-type: none"> - Grief and loss with an emphasis on children - Injury Prevention - NRP - ALSO 	
PA	PALS (APLS)	PALS – 2 years	<ul style="list-style-type: none"> - Grief and loss with an emphasis on children - Injury Prevention - NRP - ALSO 	
Physician	PALS (APLS)	PALS – 2 years	<ul style="list-style-type: none"> - Grief and loss with an emphasis on children - Injury Prevention - NRP - ALSO 	

Proposed Training: (Sponsored by the State EMS Office)

FY 2000

1. Eight Pediatric Preceptorships for EMS providers.
2. Pediatric Prehospital Care Course (PPCC)– EMS Annual Symposium in Anchorage, November 1999.
3. Planning to Avoid Childhood Emergencies (PACE) – Southeast Region EMS Symposium, March 2000.
4. Pediatric Education for Prehospital Professionals (PEPP), Instructor Training – Interior Region EMS Symposium in Fairbanks, April 2000.
5. Four Pediatric Advanced Life Support (PALS) courses throughout the state.
6. Two Emergency Nurse Pediatric Course (ENPC) courses throughout the state.

FY 2001

1. Eight PEPP courses throughout the state.
2. PEPP course/instructor course at the Annual EMS Symposium in Anchorage, November 2000.
3. Pediatric presenters at the annual and regional symposia.
4. One PALS course in a rural Native health corporation run hospital.
5. One ENPC course in a rural Native health corporation run hospital.
6. One ENPC instructor course in Anchorage at Alaska Native Medical Center.

FY 2002

1. Six PEPP courses throughout the state.
2. PEPP Advanced provider course/instructor course at the Annual EMS Symposium in Anchorage, November 2001.
3. Pediatric presenters at the annual and regional symposia.
4. One PALS course in a rural Native health corporation run hospital.
5. One ENPC course in a rural Native health corporation run hospital.

FY 2003

1. Pediatric presenters at the annual and regional symposia.
2. PEPP course, PALS, and JumpSTART program for the Alaska Disaster Medical Assistance Team (DMAT).
3. ENPC and PALS in rural areas.

FY 2004

1. Pediatric presenters at the annual and regional EMS symposia.
2. PEPP, PALS, and JumpSTART training for the AK DMAT.
3. ENPC and PALS in rural areas.
4. Pediatric Disaster Life Support (PDLS) course at the annual EMS Symposium.
5. School Nurse Emergency Course.
6. START/JumpSTART instructor training.

FY 2005

1. Pediatric Disaster Life Support (PDLS) course at the annual EMS Symposium.
2. Pediatric presenters at the annual and regional EMS symposia.
3. Additional pediatric training for the AK DMAT.
4. ENPC course in rural area.